SOCIAL SECURITY ADMINISTRATION STATEMENT
(ANNUAL RECERTIFICATION)

PRIVACY ACT STATEMENT

1. AUTHORITY: 10 U.S.C. CHAPTERS 71 AND 73.
2. PRINCIPLE PURPOSE(S): TO DETERMINE WHETHER TO OFFSET THE SURVIVOR BENEFIT PLAN (SBP) ANNUITY DUE TO THE ANNUITANT BEING ELIGIBLE TO RECEIVE SOCIAL SECURITY BENEFITS FROM THE SOCIAL SECURITY ADMINISTRATION (SSA).
3. ROUTINE USES: THE INFORMATION MAY BE DISCLOSED TO FEDERAL AND STATE AGENCIES.
4. DISCLOSURE IS VOLUNTARY: IF DFAS-DE/FR DOES NOT RECEIVE THIS INFORMATION, OFFSET OF THE ANNUITY WILL BE USED WITH INFORMATION ON FILE.
   NOTE: DISCLOSURE OF THE SSN IS VOLUNTARY; IT IS USED TO IDENTIFY THE ANNUITANT.

ANNUITANT'S NAME:	**SSN:**
MEMBER'S NAME:	**SSN:**

TO BE COMPLETED BY ANNUITANT

☐ I am currently employed. When I stop working, I will notify the Defense Finance and Accounting Service, Denver Center (DFAS-DE/FR), within 30 days.

☐ I am not employed.

I hereby authorize the Social Security Administration (SSA) to release directly to DFAS-DE/FR any information pertaining to my eligibility to Social Security benefits. This information will be used to properly calculate the Social Security offset.

_____   _____
Annuitant's Signature   Date

TO BE COMPLETED BY THE SOCIAL SECURITY ADMINISTRATION

1. The above annuitant is not receiving any Social Security benefits from the deceased spouse's account because of one of the following:

☐ The deceased spouse did not have enough lifetime quarters to qualify for benefits.

☐ The widow/er is currently employed and has excess earnings.

☐ The widow/er is in receipt of a government pension.

☐ Other: _____

2. The annuitant receives reduced Social Security benefits due to one of the following: (Note: All amounts should represent benefits prior to Medicare deductions.)

☐ Receiving a government pension.
Current full benefit amount: $_____.
Reduced benefit amount prior to Medicare reduction (not net pay): $_____; effective date _____.
Prior full benefit amount: $_____.
Reduced benefit amount prior to Medicare reduction (not net pay): $_____; effective date _____.

☐ The deceased spouse received nondisability retirement benefits (RIBLIM) before age 65. Effective date of nondisability benefits to deceased spouse: _____.

☐ The widow/er is currently employed but does not have excess earnings.
Social Security benefits beginning date: _____ Ending date: _____
Full benefit amount: $_____
Actual Social Security benefits paid: $_____

☐ Other

3. If the widow/er only receives Social Security benefits part of the year due to employment, please indicate the period(s) benefits are paid:

From _____ To _____   From _____ To _____

SIGNATURE OF SSA OFFICIAL	**DATE**	**PHONE NUMBER** ( )

DFAS-DE Form 2203, SEP 98 (EF)